

Provider File Updates

If you have questions, please call Provider Relations for clarification **before** submitting. Fax or mail correspondence containing sensitive information. Forms requiring a signature will not be processed without one. Any forms missing required information will cause a delay in processing.

Regular Mail
P.O. Box 48936
Helena, MT 59604
1.800.624.3958
406.442.4402 Fax

MTPRHelpdesk@Xerox.com

Certified Mail or FedEx
Provider Relations
34 North Last Chance Gulch
Helena, MT 59601

Item to Update	Documentation
Tax ID (FEIN/EIN)	<p>This requires a full re-enrollment in Montana Medicaid to ensure correct payment and tax reporting data. See the Provider Enrollment page on the Montana Access To Health web portal to enroll online.</p> <p>Use the Abbreviated Enrollment if the provider being enrolled will never be listed as the Pay-To provider on a claim.</p>
E-Mail Address, Fax, or Telephone	<p>Send a written request. The Address Correction Form is the preferred method.</p>
Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Information	<p>See full instructions on the Home page of the Montana Healthcare Programs Provider Information website.</p> <p>Required documentation includes:</p> <ul style="list-style-type: none"> • Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement • Letter on your financial institution's letterhead verifying legitimacy of the account. The letter must include the name and contact information of the financial institution representative, be signed by the financial institution representative, and verify the account type (checking or savings), financial institution routing number, and provider account number. Do not send voided checks, direct deposit forms, or deposit slips.
Provider Name	<p>A written request specifying the original name on the account and the updated name must be included with the following:</p> <ul style="list-style-type: none"> • A legal document (e.g., marriage license, business license, divorce decree) showing the official name change. The W-9 is not accepted as the legal document used to verify the change. • An updated IRS W-9 form to ensure payment and tax data is correct, and to indicate whether or not the tax reporting information is impacted by the name change. <p>This change will not be completed unless Provider Relations is able to independently confirm that the name has already been updated on both the provider's license and NPI registration.</p>
Address	<p>The Address Correction Form is required for this written request.</p> <ul style="list-style-type: none"> • Specify whether the change is for the Physical, Pay-To/Billing, or Correspondence/Mailing address. • Indicate whether or not the corresponding Passport Provider File should also be updated. • An updated IRS W-9 form is also required to ensure payment and tax data is correct.

Item to Update	Documentation
Ownership	<p>Providers are required to disclose ownership changes to an enrollment whenever they occur.</p> <ul style="list-style-type: none"> • Complete the Ownership Update form. Please contact Provider Relations for this form. • Include an updated IRS W-9 form. This is required to ensure payment and tax data is correct.
Taxonomy Code	<p>A written request is required to update/add the Taxonomy. Also include a confirming NPPES letter.</p>
Clinical Laboratory Improvement Amendments (CLIA) Certificate	<p>Send a legible copy of the CLIA certificate with the provider's NPI clearly indicated.</p>
Licensure	<p>Send a legible copy of the updated license with the provider's NPI clearly indicated.</p>
Back-Date a Provider's Effective Date	<p>Send a written request to back-date up to 1 year from the effective date of enrollment as long as the provider had an active license for that timeframe.</p> <p>An effective date cannot be back-dated prior to their license date.</p>
Provider-Based Designation Request	<p>Send a written request on the provider's letterhead with provider's NPI clearly indicated and a CMS letter.</p>
Voluntary Termination of Enrollment	<p>A signed, written request from the enrolled provider with provider's NPI clearly indicated.</p>
835 Request	<p>Complete the 835 Request. These requests must be mailed or faxed.</p>
Web Portal Link Request	<p>Please complete the MATH Web Portal Link Request.</p>